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C0427 - ANTEROLATERAL CERVICAL UNCOFORAMINOTOMY FOR THE TREATMENT FOR COMPRESSIVE RADICULOPATHY, RETROSPECTIVE STUDY OF 187 CASES WITH A MINIMUM 2 YEAR FOLLOW-UP

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Resumen

Objectives: Cervical radiculopathy is usually caused by direct nerve compression due to posterolateral disc herniation or spondylotic foraminal stenosis. The first 187 consecutive case experience of cervical radiculopathy treated with anterolateral uncoforaminotomy are reviewed.

Methods: Retrospective study was performed with 187 cases of cervical radiculopathy treated with one level anterolateral uncoforaminotomy without fusion between September 2010 and February 2016 at a single institution. Two year follow up was performed with all patients. Preoperative evaluation, 12 and 24 month follow up evaluation were recorded. Clinical indices for pain and function were evaluated with self report scores completed by the patients with the Neck disability index (NDI) and Visual analogue scale (VAS). Radiographic success was evaluated with Range of motion index (ROM) pre and post surgical at 12 month follow up with plain X rays in 34 patients. At the 12 month control the patients were asked to assess their level of post surgical satisfaction.

Results: Mean length of stay was 1.7 days and mean operation time was 52.6 minutes. Preoperative NDI mean was 71.4, 20.6 at 12 months after surgery and 13.5 at 24 month evaluation. Sagittal ROM mean (measured in 34 cases) was 8.5° preoperatively and 9.9° in the 12 month radiographic control. Satisfaction inquiry 12 months after the surgery showed more than 90% of the patients were either very satisfied or satisfied. There were no disc herniation recurrences nor complications such as vertebral artery injury, cerebrospinal fluid leakage, Horner's syndrome nor infections or other lesions.

Conclusions: Anterolateral uncoforaminotomy allows neural decompression whilst preserving most of the disc and therefore motion. It is a safe technique, which should be taken into account when deciding how to treat cervical radiculopathy.